

WHOLENESS TO FREEDOM MINISTRIES, INC.

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SECTION C: CONFIDENTIALITY POLICY

Limitation on Confidentiality when Providing Therapy to Families

This written policy is intended to inform you, the participants in therapy, that when working directly with children and/or adolescents, that in the order to maintain trust the information discussed will remain confidential. During the course of our work together parents may be asked to attend sessions with and/or apart from the child/adolescent. Although separate, these sessions are to be seen as a part of the work that is being done with the whole treatment unit unless otherwise indicated. Generally all sessions are confidential and follow the above guidelines (1-4) as stated above meaning that no confidential information to a third party will be released unless required by law to do so and/or without your written authorization, as well as each member of the treatment unit. However certain limitations apply to this policy when considering working with family units to most effectively serve the identified client. There is a “no secrets” policy encouraged due to the fact that secrets tend to divide rather than unit parent and child relationships and interferers with treatment goals; therefore you are agreeing to the free exercise of the therapist clinical judgment regarding the need to disclose information to the family unit with the following guidelines.

- All information within sessions, apart from the family unit, remain confidential unless the information learned in the course of an individual session is relevant or even essential to the proper treatment and/or safety of the identified client.
- The therapist will use his/her best judgment as to whether, when, and to what extent disclosures will be made to the client’s parent.
- The therapist will encourage and provide the opportunity for the individual or the smaller part of the whole to make such disclosures with the proper support to do so.

We, the undersigned members of the _____ (family or other unit), acknowledge we have read, discussed together and fully understand this stated policy and agree to honor this policy.

Parent Signature _____ Date _____

Client Signature _____ Date _____

Counselor _____ Date _____